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FAX COVER SHEET

Wright Medical Technology, Inc. 5677 Airline Road Arlington, TN 38002-9501 www.wmt.com

Date:	May 16, 2006			
To:	Mail Stop RCE, Commissioner for Patents		Fax:	(571) 273-8300
From:	Patricia Powell		Fax:	(901) 867-4398
Numbe	r of pages including cover sheet:	12	Phone:	(901) 867-4542

Certificate of Transmission

In Re. Application of:

Keith B. Raskin

Art Unit:

3732

Application No.: 10/678,701

Our Ref.:

702.112.1

Filed:

10/03/2003

Examiner:

. Anu Ramana

For:

Radially Ported Needle for Delivery of Bone

Graft Material

To:

Mail Stop RCE

Commissioner for Patents

P. O. Box 1450

Alexandria, Virginia 22313-1450

I hereby certify that the following correspondence is being facsimile transmitted to the Patent and Trademark Office on this 16th day of May, 2006.

- Request for Continued Exam Transmittal Form 2 pg.
- Fee Transmittal Form 2 pgs.
- Amendment 5 pgs.
- Terminal Disclaimer to Obviate a Provisional Double Patenting Rejection Over a Pending "Reference" Application - 1 pg.
- Statement Under 37 CFR 3.73(b) 1 pg.

Detrinin Brussell

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PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 10/678,701							
FEE TRANSMITTAL	Filing Date	10/03/2003	CENTRA					
For FY 2006	First Named Inventor	Keith B. Raskin	CENTRA					
	Examiner Name	Anu Ramana	MA					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3732						
TOTAL AMOUNT OF PAYMENT (\$) 130.00	Attorney Docket No.	702.112.1						
METHOD OF PAYMENT (check all that apply)								
			· · · ·					
Check Credit Card Money Order Nor								
✓ Deposit Account Deposit Account Number: 502795			lical Technology					
For the above-identified deposit account, the Director is her	reby authorized to: (checi	c all that apply)						
Charge fee(s) Indicated below	Charge fee(s) indicated below, e	except for the filing fee					
Charge any additional fee(s) or underpayments of fe under 37 CFR 1.18 and 1.17	e(s) 🖌 Credit any ov	erpayments						
WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.	formation should not be in-	luded on this form.	Provide credit card					
FEE CALCULATION (All the fees below are due upon fi	ling or may be subje	ct to a surcharge	9.)					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEAR		MINATION FEES						
Small Entity Application Type Fee (\$) Fee (\$)	Small Entity () Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)					
Utility 300 150 500	250 20							
Design 200 100 100	50 13							
Plant 200 100 300	150 16							
Reissue 300 150 500	250 60							
Provisional 200 100 0		0 0						
2. EXCESS CLAIM FEES Fee Description		Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)		50	25					
Each independent claim over 3 (including Reissues) Multiple dependent claims		200 360	100 180					
	Pald (\$)		Dependent Claims					
20 or HP = x =		Fee (\$)	Fee Paid (\$)					
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)							
3 or HP = x =	- I did to							
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Terminal Disclaimer Fee								
SUBMITTED BY								

SUBMITTED BY			
Signature	St. Sut	Registration No. 38,299 (Attorney/Agent)	Telephone 901/867-4314
Name (Print/Type)	Shawn D. Sentilles		Date 05/16/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-08) Approved for use through 07/31/2006. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/678,701 Application Number HEGELVED Filing Date 10/03/2003 For FY 2006 CENTRAL FAX CENTER First Named Inventor Kelth B. Raskin : **Examiner Name** Anu Ramana May 1 612006 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3732 **TOTAL AMOUNT OF PAYMENT** 130 00 702.112.1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | 」Credit Card 【 ☑Money Order None Other (please identify): ✓ Deposit Account Oeposit Account Number: <u>502795</u> Deposit Account Name: Wright Medical Technology For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of Independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) **150 =** _ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY			
Signature	St Sut	Registration No. (Attorney/Agent) 38,299	Telephone 901/867-4314
Name (Print/Type)	Shawn D. Sentilles		Date 05/16/2006

Other (e.g., late filing surcharge): Terminal Disclaimer Fee

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